

**CONTRACT AND ENCUMBRANCE INFORMATION SHEET**  
**\*\*\*AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED\*\*\***

**THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.**

1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:  
Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:  
Older Americans Act(OAA III-B) - Transportation
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:  
Metropolitan Inter-Faith Association, P.O. Box 3130,  
Memphis, TN 38173  
VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: \$225,000.00
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) \*\*FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH\*\*  
410-481737-6601 = \$225,000.00
8. COMMODITY CODE: \_\_\_\_\_
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):  
**\*\*PLEASE ATTACH APPROVAL DOCUMENTS\*\***  
a. X Bid/RFP Process - # & Date February 2008  
b. \_\_\_\_\_ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description  
       MBE (MINORITY OWNED BUSINESS ENTERPRISE)  
                 MALE        FEMALE  
       WBE (WOMEN OWNED BUSINESS ENTERPRISE)  
       LOSB (LOCALLY OWNED SMALL BUSINESS)  
          ANNUAL SALES DOES NOT EXCEED \$3 MILLION  
  X   N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)  
CA081250

REVIEWED AND APPROVED BY:

Wanda Thayer  
DEPARTMENT HEAD

8/22/08  
DATE

X. P. Jones  
DIVISION DIRECTOR

8/25/08  
DATE

CONTRACT AND ENCUMBRANCE INFORMATION SHEET  
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THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:  
Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:  
Older Americans Act(OAA III-B) - Home Modifications
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:  
Metropolitan Inter-Faith Association, P.O. Box 3130,  
Memphis, TN 38173  
VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: \$2,500.00
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) \*\*FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH\*\*  
410-481737-6601 = \$2,500.00
8. COMMODITY CODE: \_\_\_\_\_
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):  
\*\*PLEASE ATTACH APPROVAL DOCUMENTS\*\*  
a. X Bid/RFP Process - # & Date February 2008  
b. \_\_\_\_\_ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description  
\_\_\_\_ MBE (MINORITY OWNED BUSINESS ENTERPRISE)  
          MALE                      FEMALE  
\_\_\_\_ WBE (WOMEN OWNED BUSINESS ENTERPRISE)  
\_\_\_\_ LOSB (LOCALLY OWNED SMALL BUSINESS)  
          ANNUAL SALES DOES NOT EXCEED \$3 MILLION  
X N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)  
CA08/250

REVIEWED AND APPROVED BY:

Donna Chen  
DEPARTMENT HEAD

8/22/08  
DATE

[Signature]  
DIVISION DIRECTOR

08/25/08  
DATE

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

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THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:  
Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:  
Family Caregiver (FCG III-E) - Home Delivered Meals
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:  
Metropolitan Inter-Faith Association, P.O. Box 3130,  
Memphis, TN 38173  
VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: \$25,000.00
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) \*\*FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH\*\*  
410-481741-6601 = \$25,000.00
8. COMMODITY CODE: \_\_\_\_\_
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):  
**\*\*PLEASE ATTACH APPROVAL DOCUMENTS\*\***  
a. X Bid/RFP Process - # & Date February 2008  
b. \_\_\_\_\_ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description  
\_\_\_\_ MBE (MINORITY OWNED BUSINESS ENTERPRISE)  
          MALE                      FEMALE  
\_\_\_\_ WBE (WOMEN OWNED BUSINESS ENTERPRISE)  
\_\_\_\_ LOSB (LOCALLY OWNED SMALL BUSINESS)  
          ANNUAL SALES DOES NOT EXCEED \$3 MILLION  
X N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)  
CA081250

REVIEWED AND APPROVED BY:

[Signature]  
DEPARTMENT HEAD

8/22/08  
DATE

[Signature]  
DIVISION DIRECTOR

8/25/08  
DATE

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

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1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:  
Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:  
Family Caregiver (FCG III-E) - Home Modifications
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:  
Metropolitan Inter-Faith Association, P.O. Box 3130,  
Memphis, TN 38173
- VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: \$2,500.
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) \*\*FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH\*\*  
410-481741-6601 = \$2,500.
8. COMMODITY CODE: \_\_\_\_\_
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):  
\*\*PLEASE ATTACH APPROVAL DOCUMENTS\*\*
- a. ☒ Bid/RFP Process - # & Date February 2008
- b. ☐ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description
- ☐ MBE (MINORITY OWNED BUSINESS ENTERPRISE)  
☐ MALE ☐ FEMALE
- ☐ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
- ☐ LOSB (LOCALLY OWNED SMALL BUSINESS)  
ANNUAL SALES DOES NOT EXCEED \$3 MILLION
- ☒ N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)  
CA081250

REVIEWED AND APPROVED BY:

[Signature]  
DEPARTMENT HEAD

8/22/08  
DATE

[Signature]  
DIVISION DIRECTOR

8/25/08  
DATE

**CONTRACT AND ENCUMBRANCE INFORMATION SHEET**  
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**THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.**

1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:  
Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:  
(Title III C1-Congregate) - Congregate Meals
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:  
Metropolitan Inter-Faith Association, P.O. Box 3130,  
Memphis, TN 38173  
VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: \$681,690.00
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **\*\*FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH\*\***  
410-481716-6601 = \$681,690.00
8. COMMODITY CODE: \_\_\_\_\_
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):  
**\*\*PLEASE ATTACH APPROVAL DOCUMENTS\*\***  
a. ☒ Bid/RFP Process - # & Date February 2008  
b. ☐ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description  
☐ MBE (MINORITY OWNED BUSINESS ENTERPRISE)  
                    ☐ MALE                      ☐ FEMALE  
☐ WBE (WOMEN OWNED BUSINESS ENTERPRISE)  
☐ LOSB (LOCALLY OWNED SMALL BUSINESS)  
                    ANNUAL SALES DOES NOT EXCEED \$3 MILLION  
☒ N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)  
CA081250

REVIEWED AND APPROVED BY:

Wanda Thayer  
DEPARTMENT HEAD

8/22/08  
DATE

[Signature]  
DIVISION DIRECTOR

08/25/08  
DATE

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

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THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:  
Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:  
(Title III C1-Congregate) - Nutritional Outreach and Screening
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:  
Metropolitan Inter-Faith Association, P.O. Box 3130,  
Memphis, TN 38173  
  
VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: \$2,310
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) \*\*FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH\*\*  
410-481716-6601 = \$2,310.
8. COMMODITY CODE: \_\_\_\_\_
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):  
**\*\*PLEASE ATTACH APPROVAL DOCUMENTS\*\***  
a. ☒ Bid/RFP Process - # & Date February 2008  
b. ☐ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description  
  
☐ MBE (MINORITY OWNED BUSINESS ENTERPRISE)  
                    ☐ MALE                      ☐ FEMALE  
☐ WBE (WOMEN OWNED BUSINESS ENTERPRISE)  
☐ LOSB (LOCALLY OWNED SMALL BUSINESS)  
                    ANNUAL SALES DOES NOT EXCEED \$3 MILLION  
☒ N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)  
CA081250

REVIEWED AND APPROVED BY:

Kathy Williams  
DEPARTMENT HEAD

8/22/08  
DATE

[Signature]  
DIVISION DIRECTOR

08/25/08  
DATE

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1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:  
Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:  
(Title III C2) - Home Delivered Meals
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:  
Metropolitan Inter-Faith Association, P.O. Box 3130,  
Memphis, TN 38173  
  
VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: \$609,800.00
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) \*\*FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH\*\*  
410-481717-6601 = \$609,800.00
8. COMMODITY CODE: \_\_\_\_\_
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):  
\*\*PLEASE ATTACH APPROVAL DOCUMENTS\*\*  
a. ☒ Bid/RFP Process - # & Date February 2008  
b. ☐ Emergency/Sole Source
10. LOSE/MBE INFORMATION: Please check the appropriate description  
  
☐ MBE (MINORITY OWNED BUSINESS ENTERPRISE)  
☐ MALE ☐ FEMALE  
☐ WBE (WOMEN OWNED BUSINESS ENTERPRISE)  
☐ LOSE (LOCALLY OWNED SMALL BUSINESS)  
☐ ANNUAL SALES DOES NOT EXCEED \$3 MILLION  
☒ N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)  
CA018250

REVIEWED AND APPROVED BY:

Donna H. [Signature]  
DEPARTMENT HEAD

8/22/08  
DATE

[Signature]  
DIVISION DIRECTOR

08/25/08  
DATE

CONTRACT AND ENCUMBRANCE INFORMATION SHEET  
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1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:  
Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:  
NSIP / USDA - Meals Program
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:  
Metropolitan Inter-Faith Association, P.O. Box 3130,  
Memphis, TN 38173  
  
VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: \$328,000.
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) \*\*FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH\*\*  
410-481711-6601 = \$328,000.00
8. COMMODITY CODE: \_\_\_\_\_
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):  
\*\*PLEASE ATTACH APPROVAL DOCUMENTS\*\*  
a. ☒ Bid/RFP Process - # & Date February 2008  
b. ☐ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description  
☐ MBE (MINORITY OWNED BUSINESS ENTERPRISE)  
☐ MALE ☐ FEMALE  
☐ WBE (WOMEN OWNED BUSINESS ENTERPRISE)  
☐ LOSB (LOCALLY OWNED SMALL BUSINESS)  
☐ ANNUAL SALES DOES NOT EXCEED \$3 MILLION  
☒ N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)  
CA081250

REVIEWED AND APPROVED BY:

[Signature]  
DEPARTMENT HEAD

8/22/08  
DATE

[Signature]  
DIVISION DIRECTOR

8/25/08  
DATE



CONTRACT AND ENCUMBRANCE INFORMATION SHEET

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1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:  
Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:  
(Title III-D) - Nutritional Counseling
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:  
Metropolitan Inter-Faith Association, P.O. Box 3130,  
Memphis, TN 38173  
VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: \$2,970
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) \*\*FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH\*\*  
410-481731-6601 = \$2,970.
8. COMMODITY CODE: \_\_\_\_\_
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):  
**\*\*PLEASE ATTACH APPROVAL DOCUMENTS\*\***  
a. ☒ Bid/RFP Process - # & Date February 2008  
b. \_\_\_\_\_ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description  
\_\_\_\_ MBE (MINORITY OWNED BUSINESS ENTERPRISE)  
          \_\_\_\_ MALE                      FEMALE  
\_\_\_\_ WBE (WOMEN OWNED BUSINESS ENTERPRISE)  
\_\_\_\_ LOSB (LOCALLY OWNED SMALL BUSINESS)  
          ANNUAL SALES DOES NOT EXCEED \$3 MILLION  
☒ N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)  
CA081250

REVIEWED AND APPROVED BY:

Wanda Thayer 8/22/08  
DEPARTMENT HEAD

DATE

[Signature]  
DIVISION DIRECTOR

08/25/08  
DATE

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

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1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:  
Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:  
(Options) - Home Delivered Meals
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:  
Metropolitan Inter-Faith Association, P.O. Box 3130,  
Memphis, TN 38173  
  
VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: \$50,000.00
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) \*\*FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH\*\*  
585-481763-6601 = \$50,000.00
8. COMMODITY CODE: \_\_\_\_\_
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):  
\*\*PLEASE ATTACH APPROVAL DOCUMENTS\*\*  
  
a. ☒ Bid/RFP Process - # & Date February 2008  
b. \_\_\_\_\_ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description  
  
\_\_\_\_ MBE (MINORITY OWNED BUSINESS ENTERPRISE)  
          \_\_\_\_ MALE                      \_\_\_\_\_ FEMALE  
\_\_\_\_ WBE (WOMEN OWNED BUSINESS ENTERPRISE)  
\_\_\_\_ LOSB (LOCALLY OWNED SMALL BUSINESS)  
          ANNUAL SALES DOES NOT EXCEED \$3 MILLION  
  
☒ N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)  
CA081250

REVIEWED AND APPROVED BY:

[Signature]  
DEPARTMENT HEAD

8/22/08  
DATE

[Signature]  
DIVISION DIRECTOR

08/25/08  
DATE

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1. Department Requesting Services: Aging Commission of the Mid-South
2. Preparer's Name, Telephone #, and E-Mail Address:  
Kathy Williams, 515-2095, kwilliams@agingcommission.org
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:  
State - Nutrition Meals Program
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:  
Metropolitan Inter-Faith Association, P.O. Box 3130,  
Memphis, TN 38173  
VENDOR NO./FED. ID NO. Vendor No. 47625
5. COST OF ITEM OR SERVICE REQUESTED: \$92,100.
6. TERM OF PROPOSED CONTRACT/AGREEMENT: July 01, 2008 - June 30, 2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) \*\*FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH\*\*  
585-481767-6601 = \$92,100.
8. COMMODITY CODE: \_\_\_\_\_
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):  
\*\*PLEASE ATTACH APPROVAL DOCUMENTS\*\*  
a. ☒ Bid/RFP Process - # & Date February 2008  
b. ☐ Emergency/Sole Source
10. LOSE/MBE INFORMATION: Please check the appropriate description  
☐ MBE (MINORITY OWNED BUSINESS ENTERPRISE)  
☐ MALE ☐ FEMALE  
☐ WBE (WOMEN OWNED BUSINESS ENTERPRISE)  
☐ LOSE (LOCALLY OWNED SMALL BUSINESS)  
ANNUAL SALES DOES NOT EXCEED \$3 MILLION  
☒ N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)  
CA081250

REVIEWED AND APPROVED BY:

Wanda Sherr  
DEPARTMENT HEAD

8/22/08  
DATE

K. Williams  
DIVISION DIRECTOR

8/25/08  
DATE